| Child's Name | | |
|--------------|--|--|
|--------------|--|--|

Medication Information

(One Medication per form)

| Medication to be given | Prescription # |
|--|--|
| Medical Reason for Medication | |
| | |
| Possible Side Effects | |
| | |
| Special Instructions | |
| | |
| Date medication Started | _ Last Date medication to be given |
| Dosage to be given | Times to be given |
| I hereby give permission to Grandma's Place Chiloinstructed. | d Development Center to administer the above medication as |
| Parent/Guardian Signature | Date |
| ************** | ********** |

Medication Schedule

| Date | Time | Amount | Administered By | Notes |
|------|------|--------|-----------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Date | Time | Amount | Administered By | Notes |
|------|------|--------|-----------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |